COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Nogo Receptor Antagonists for the Treatment of Conditions Involving Amyloid Plaques, the specification of which:

0	is attached hereto.			
[X]	was filed as Application	n No. <u>10/553,669 (U.S.</u>	Nat'l Phase of PCT/US20	004/011728 with an I.A. filing
	date of April 16, 2004)	and was amended on _		
[]	was described and clair	med in PCT Internation	al Application No.	filed on
		and as amended un	der PCT Article 19 on	
I her including the	eby state that I have rev claims, as amended by a	iewed and understand th my amendment referred	ne contents of the above-id to above.	lentified specification,
I ack Title 37, Cod	mowledge the duty to di e of Federal Regulations	sclose all information I , §1.56.	know to be material to pat	entability in accordance with
I her application(s)	eby claim the benefit un listed below:	der Title 35, United Sta	tes Code, §119(e)(1) of an	ny United States provisional
	U.S. Serial No.	Filing D	ate	Status
60/46	3,424	2003-04-16	Abando	
acknowledge of Federal Re	application in the manne the duty to disclose all i	er provided by the first profession of the first profession I know to be the became available between the first profession in	paragraph of Title 35. Unit	s defined in Title 37 Code
	U.S. Serial No.	Filing Da	te	Status
application(s) country other for patent or in the United Sta	for patent or inventor's a than the United States of aventor's certificate or a	certificate or of any PCT America listed below a ny PCT international ap ne on the same subject in	nd have also identified be	(s) designating at least one low any foreign application least one country other than
Countr	y Appli	cation No.	Filing Date	Priority Claimed
		-		[] Yes [] No

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All Attorneys and Agents associated with

53644 PTO Customer Number

Direct all telephone calls to Eric K. Steffe at telephone number (202) 772-8625.

Direct all correspondence to the following:

53644 PTO Customer Number

For Assigned Inventions: I understand that the purpose of making this appointment is to permit prosecution of patent applications for the above-identified invention for the benefit of my assignee, and that this appointment does not create a personal attorney-client relationship between me and these appointees.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor:	Daniel H.S. LER			11
Inventor's Signature:	Devit	Date:	Inly	6th Just
Residence Address:	Sudbury, MA		0.0	
Citizenship:	CA/USA W			
Post Office Address:	361 Dutton Road, Sudbury, MA 01776			
Full Name of Inventor:	Weiwei LI			
Inventor's Signature:		Date:		
Residence Address:	Staten Island, NY			
Citizenship:	China			
Post Office Address:	355 Bard Avenue, Apt. 1H, Residence Bldg., Staten Island, NY 10310	c/o St. Vincent Cath	olic Medica	l Center

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Full Name of Inventor:	Daniel H.S. LEE		
Inventor's Signature:		Date:	
Residence Address:	Sudbury, MA		
Citizenship:	CA		
Post Office Address:	361 Dutton Road, Sudbury, MA 01776		
Full Name of Inventor:	Weiwei LI		1 .
Inventor's Signature:	(WW	Date:	7/7/06
Residence Address:	Staten Island, NY		
Citizenship:	China		
Post Office Address:	355 Bard Avenue, Apt. 1H, Residence Bldg., c/o S	t. Vincent Catho	lic Medical Center
	Staten Island, NY 10310		

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" Annual 16 2004) at	nd was amended on		· 新一大年 1 24 24 14 14 14 14 14 14 14 14 14 14 14 14 14
was described and claime	ed in PCT International Applicati	on No.	filed on
	_ and as amended under PCT Ar	ticle 19 on	<u></u>
ncluding the claims, as amended by an			
Title 37, Code of Federal Regulations,			
I hereby claim the benefit und	er Title 35, United States Code, §	119(e)(1) of any United St	ites provisional
application(s) listed below:		Status	
U.S. Serial No. 60/463,424	Filing Date 2003-04-16	Abandoned	
U.S. Serial No.	or provided by the first paragraph information I know to be material the h became available between the fi	to patentability as defined in	Title 37, Code
I hereby claim foreign priorit application(s) for patent or inventor's country other than the United States of for patent or inventor's certificate or a the United States of America filed by application(s) of which priority is clai	f America listed below and have my PCT international application me on the same subject matter ha	tional application(s) designated also identified below any for (s) designating at least one twing a filing date before the	ating at least one breign application country other than at of the
Anni	1731	lina Data	riority Claimed
Country Appl	lication No. Fi		Yes II No

Date: 7/24/06

Combined Declaration and Power of Attorney Page 2 of 2 Pages

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Full Name of Inventor: Stephen M. STRITTMATTER

Inventor's Signature:

Residence Address:

Citizenship:

Post Office Address:

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